Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION	ON GUIDE explains how to		CCOUNT# thics Commission filers)	2 Total pages file	d:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FI	RST	MI	OFFICE	USE ONLY
NAME		awrence AST	G	Date Received	
	'	mo			
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUIT	E#; CITY;	STATE; ZIP COD	DE	
ADDRESS Change of Address	2906 Wood Knoll San Antonio, TX 78251			Date Hand-delivered	or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE N	UMBER	EXTENSION		
PHONE	(210) 647-7987			Receipt #	Amount
6 CAMPAIGN TREASURER		RST	MI	Date Processed	
NAME		ohnny _{AST}	SUFFIX	Date Imaged	
	ſ	Reyes	Jr.		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEA	ASE); APT / SUITE #;	CITY; STATE;	ZIP CODE	
TREASURER ADDRESS (Residence or business)	7585 Ingram Rd, Apt/Su San Antonio, TX 78251	ite 308			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NI (210) 681-0080	UMBER	EXTENSION		
9 REPORT TYPE	(210) 001 0000				
	30th Day Before Main E	Election			
10 PERIOD COVERED	Month Day Year	THROUGH	Month	Day Year	
	1/1/2005 ELECTION DATE		3/28/2	005	
11 ELECTION	Month Day Year	ELECTION TYPE	_	_	_
	5/7/2005	Primary	Runoff	X General	Special
12 OFFICE	OFFICE HELD (If any)		13 OFFICESOUGHT (f known)	
			Council Distri	ct 6	
0F DIRECT CAMPAIGN	Direct campaign expenditures a Candidates are required to disclose				
EXPENDITURE BY OTHER INDIVIDUALS	Name				
	Address / PO Box; Apt. / Suite #;	City; State; Zip Code	3		
additional pages					
	1	GO TO PAG	E 2		
I					

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Revised 11/05/2003

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16ACCOUNT#(Ethics Commission flers)	
Mr Lawrence G Ro	omo			
17 NOTICE FROM POLITICAL COMMITTEE(S)	may have been made	ice of political expenditures by political committees to support the candid without the candidate's or office holder's knowledge or consent. Candidat they receive notice of such expenditures. ••	ate / officeholder. These expenditures es and officeholders are required to report	
OOMMITTEE(O)	COMMITTEE TYPE	COMMITTEE NAME		
	COMMITTEE TYPE			
	GENERAL			
	SERENAL	COMMITTEE ADDRESS		
	SPECIFIC			
_		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURE TAAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
18 CONTRIBUTION	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN		
TOTALS		S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$o	
		POLITICAL CONTRIBUTIONS	#	
	(OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$5684.00	
EXPENDITURE	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	р	
TOTALS			\$0	
	4. TOTAL	POLITICAL EXPENDITURES	\$8190.57	
			\$6190.57	
CONTRIBUTION	5. TOTAL F	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	v .	
BALANCE		ORTING PERIOD	\$2568.06	
			i i	
OUTSTANDING		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH		
LOANTOTALS	LAST DA	Y OF THE REPORTING PERIOD	\$0	
19 AFFIDAVIT				
		I swear, or affirm, under penalty of p	erjury, that the accompanying report	
		is true and correct and includes all in	formation required to be reported by	
		me under Title 15, Election Code.		
		Signature of Candid	tate or Officeholder	
AFFIX NOTARY STAME	P / SEAL ABOVE			
Sworn to and subscrib	Sworn to and subscribed before me, by the said Mr Lawrence G Romo , this the 7th day			
of April, 2	0 <u>05</u> , to cer	tify which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath Titi	e of officer administering oath	
orginature of orlicer ad	ministering Cath	i mited harne orollicer administering datii 1tt	e or oncer administrating patri	

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Revised 11/05/2003

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	The Instruction	GUIDE explains how to complete this form.		1 Total pages Sche 1 of 14	dule A:
2	FILER NAME			3 ACCOUNT # (Ett	nics Commission filers)
	Mr Lawrence	e G Romo			
4	Date	5 Full name of contributor 🛮 out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution
	1/8/2005	Mr Rudolf G Gonzales		200.00	description (if applicable)
		6 Contributor address; City; State; Zip Code			
		2206 Olympic Dr Colorado Springs, CO 80910			
9	Principal occu Civil Servic	pation / Job title (See Instructions)	10 Employer (See In: US Army	structions)	
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
	1/14/2005	Mr Patrick Romo		contribution (\$) 120.00	description (if applicable)
		Contributor address; City; State; Zip Code			
		14122 Churchill Estates Blvd, Apt/Suite: 10	73 A		
		San Antonio, TX 78248	JSA		
	Principal occupation / Job title (See Instructions) Appraisal Manager		Employer (See Instructions) State of Texas		
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
	1/15/2005	Mr Ted Terrazas		contribution (\$) 50.00	description (if applicable) Donated to Cost of Campaign
		Contributor address; City; State; Zip Code			Announcement Snacks
		1222 N. Main St, Apt/Suite: 804 San Antonio, TX 78212			
		pation / Job title (See Instructions) tary and Business Owner	Employer(See In: Terra Health	structions)	
	Date	Full name of contributor 🔲 out-or-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	1/18/2005	JP Morgan Chase Co PAC		250.00	I
		Contributor address; City; State; Zip Code]
		270 Park Ave New York, NY 10017			
	Principal occup	pation / Job title (See Instructions)	Employer(See In:	structions)	
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution
	1/18/2005	Mr Keith Kolars		200.00	description (if applicable)
		Contributor address; City; State; Zip Code			
		8702 Timber Point San Antonio, TX 78250			
	Principal occup Retired Mili	pation / Job title (See instructions)	Employer(See In:	structions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A

	The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche 2 of 14	dule A:
2	FILER NAME			3 ACCOUNT# (Eth	nics Commission filers)
	Mr Lawrence	e G Romo			
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	1/18/2005	Mr George Harrison		60.00	description (il applicable)
		6 Contributor address; City; State; Zip Code			
		111 Oakhurst Place			
		San Antonio, TX 78209			
9	Principal occup President	pation / Job title (See instructions)	10 Employer (See In: The Columbia		
	Date	Full name of contributor ut-or-state PAC (ID#:)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	1/18/2005	Mrs Josie Fritz		25.00	l accomptant (ii applicatio)
		Contributor address; City; State; Zip Code			
		8502 Village Creek			
		8502 Village Creek San Antonio, TX 78251			
	Retired Mili	pation / Job title (See Instructions) tary Family	Employer (See In:	structions)	
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	1/18/2005	Mr Jaime Alcocer		20.00	description (паррісавіе)
		Contributor address; City; State; Zip Code			
		3334 Sunnydell Dr San Antonio, TX 78253			
	Principal occu Retired	pation / Job title (See Instructions)	Employer(See In:	structions)	
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	1/18/2005	Mr CP Garcia		14.00	чезсприон (паррисавіе)
		Contributor address; City; State; Zip Code			
		4503 Pecan Grove Dr			
		San Antonio, TX 78222			
	Principal occur Retired	pation / Job title (See Instructions)	Employer(See In:	structions)	
	Date	Full name of contributor out-or-state PAC (ID#:)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	1/25/2005	Mr Rick Bolanos		200.00	Secondary (ii applicable)
		Contributor address; City; State; Zip Code			
		PO Box 826 Canutillo, TX 79835			
	Principal occup Retired Mili	pation / Job title (See instructions) tary	Employer(See In:	structions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTI	ONS
OTHER THAN PLEDGES	ORLOANS

SCHEDULE A

	The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche 3 of 14	dule A:
2	FILER NAME	<u> </u>		3 ACCOUNT# (Eth	ics Commission filers)
	Mr Lawrenc	e G Romo			
4	Date	5 Full name of contributor out-or-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution
	1/26/2005	Mr Patrick Romo		100.00	description (if applicable)
		6 Contributor address; City; State; Zip Code			
		14122 Churchill Estates Blvd, Apt/Suite: 1 San Antonio, TX 78248	03A		
9	Principal occup Appraisal M	pation / Job title (See Instructions)	10 Employer (See In: State of Texas	structions)	
			State of Texas		
	Date	Full name of contributor uut-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	1/29/2005	Mr Lou Villagomez		20.00	
		Contributor address; City; State; Zip Code		j	
		5029 Bromley Corpus Christi, TX 78413			
	Principal occup Retired	pation / Job title (See Instructions)	Employer(See In:	structions)	
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
	2/1/2005	Ms Lesley Rubin		contribution (\$) 30.00	description (if applicable)
		Contributor address; City; State; Zip Code			
		21102 Sonoma San Antonio, TX 78259			
	Principal occup Civil Servic	pation / Job title (See Instructions) e	Employer (See In: Fort Sam Hou		
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
	2/2/2005	Mr Patrick Romo		contribution (\$) 50.00	description (if applicable)
		Contributor address; City; State; Zip Code			
		14122 Churchill Estates Blvd, Apt/Suite: 1 San Antonio, TX 78248	03A		
	Principal occup Appraisal M	pation / Job title (See Instructions) Nanager	Employer(See In: State of Texas		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	2/7/2005	Mr Oscar Kazen		contribution (\$) 100.00	description (if applicable)
		Contributor address; City; State; Zip Code			
		1112 Wiltohiro			
		1113 Wiltshire San Antonio, TX 78209			
	Principal occup County Cou	pation / Job title (See Instructions) urt Judge	Employer(See In: Bexar County		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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	The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche 4 of 14	dule A:
2	FILER NAME			3 ACCOUNT# (Eth	ics Commission filers)
	Mr Lawrence	e G Romo			
4	Date 2/7/2005	Full name of contributor)	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
		6 Contributor address; City; State; Zip Code			
		422 Juniper San Antonio, TX 78223			
9	Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
	Date 2/11/2005	Full name of contributor out-of-state PAC (ID# Mr Forrest James Contributor address; City; State; Zip Code		Amount of contribution (\$) 50.00	In-Kind contribution description (if applicable)
		11445 Rebecca Creek Rd Spring Branch, TX 78070			
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Best Transport			
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/19/2005	Mr Calvin Allen Contributor address; City; State; Zip Code 7 Bowood Ct San Antonio, TX 78218		100.00	
	Principal occup Airline Pilot	pation / Job title (See Instructions)	Employer (See In: American Airli		
	Date 2/24/2005	Full name of contributor out-of-state PAC (ID#: Mr Thomas Lopez Contributor address; City; State; Zip Code 305 S. Nueces St San Antonio, TX 78207		Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
	Principal occup	pation / Job title (See Instructions) e	Employer(See In: Lackland AFB		
	Date 2/24/2005	Full name of contributor out-of-state PAC (ID#: Mr Arlester Graham Contributor address; City; State; Zlp Code 602 SW 39th St San Antonio, TX 78237		Amount of contribution (\$) 100.00	In-Kind contribution description (if applicable)
	Principal occu Retired Mili	pation / Job title (See Instructions) tary	Employer(See In:	structions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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	The Instruction	GUIDE explains how to complete this form.		1 Total pages Sche 5 of 14	dule A:
2	FILER NAME			3 ACCOUNT# (Eth	ics Commission filers)
	Mr Lawrenc	e G Romo			
4	Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	2/24/2005	Mrs Zada True Courage		50.00	чезсприон (паррпсавіе)
		6 Contributor address; City; State; Zip Code			
		4000 Proless Oak			
		1938 Broken Oak San Antonio, TX 78232			
9	Principal occup Consultant	oation / Job title (See Instructions)	10 Employer (See In: Self	structions)	
	Date	Full name of contributor ut-or-state PAC (ID#:)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	2/25/2005	Mr Benito Cardenas		20.00	description (ii applicable)
		Contributor address; City; State; Zip Code			
		127 Dryden			
		San Antonio, TX 78213			
Principal occupation / Job title (See Instructions) Retired Military and Civil Service		Employer (See Instructions) Fort Sam Houston			
	Date	Full name of contributor out-or-state PAC (ID#;)	Amount of	In-kind contribution
	2/28/2005	Mr Victor Mena		contribution (\$) 200.00	description (if applicable)
		Contributor address; City; State; Zip Code			
		6100 Townsend San Antonio, TX 78238			
	Principal occup Retired	pation / Job title (See Instructions)	Employer(See In:	structions)	
	Date	Full name of contributor out-or-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/2/2005	Mr Alfred W Rohde Jr		100.00	севсприон (паррисавіе)
		Contributor address; City; State; Zip Code			
		9510 La Rue St			
		San Antonio, TX 78217			
	Principal occup Realtor	oation / Job title (See Instructions)	Employer(See In: Owner	structions)	
	Date	Full name of contributor out-or-state PAC (ID#)	Amount of	In-kind contribution
	3/8/2005	Mr Rafael B Pena		contribution (\$) 200.00	description (if applicable)
		Contributor address; City; State; Zip Code			
		324 Quentin Dr			
		San Antonio, TX 78201			
	Principal occup Retired	oation / Job title (See Instructions)	Employer(See In:	structions)	

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	The Instruction	GUIDE explains how to complete this form.		1 Total pages Sche	dule A:
2	FILER NAME			3 ACCOUNT# (Eth	ics Commission filers)
	Mr Lawrenc	e G Romo			
4	Date 3/9/2005	5 Full name of contributor out-of-state PAC (ID# Mr William Harmon 6 Contributor address; City; State; Zip Code 7811 Braun Circle		7 Amount of contribution (\$) 35.00	8 In-kind contribution description (if applicable)
		San Antonio, TX 78250		j	
9	Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See Ins	structions)	
	Date 3/9/2005	Full name of contributor out-or-state PAC (ID# Mr Alex Archibald Contributor address; City; State; Zlp Code 11714 Abby Way San Antonio, TX 78253		Amount of contribution (\$) 20.00	In-Kind contribution description (if applicable)
	Data-da-La			-tt	
	Retired Mili	pation / Job title (See Instructions) tary	Employer(See Ins	structions)	
	Date 3/10/2005	Full name of contributor out-of-state PAC (ID#: Mr Al Kaufman)	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 3910 Creek Spring San Antonio, TX 78230			
	Principal occup Retired	oation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date 3/10/2005	Full name of contributor out-of-state PAC (ID# Mr Anthony Pons Contributor address; City; State; Zlp Code 3314 Dove Park Lane San Antonio, TX 78253		Amount of contribution (\$) 10.00	In-kind contribution description (if applicable)
	Principal occup Retired	pation / Job title (See Instructions)	Employer(See Ins	structions)	
	Date 3/10/2005	Full name of contributor out-of-state PAC (ID#: Ms Slyvia Sanchez Contributor address; City; State; Zlp Code 1906 Ashprington Dr San Antonio, TX 78251		Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
	Principal occup Nurse	oation / Job title (See Instructions)	Employer (See Ins Edgewood ISI	structions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A

	The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche 7 of 14	dule A:	
2	FILER NAME	<u> </u>		3 ACCOUNT# (Eth	ics Commission filers)	
	Mr Lawrenc	e G Romo				
4	Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of	8 In-kind contribution	
	3/12/2005	Mr David H Jones		contribution (\$) 50.00	description (if applicable)	
		6 Contributor address; City; State; Zip Code				
		250 Treeline San Antonio, TX 78209				
9	Retired	pation / Job title (See Instructions)	10 Employer (See In:	structions)		
	Date	Full name of contributor 🔲 out-of-state PAC (ID#)	Amount of contribution (\$)	in-kind contribution description (if applicable)	
	3/16/2005	Mr Stephen J Bepko		100.00	чезсприон (паррисавіе)	
		Contributor address; City; State; Zip Code				
		11823 Thoroughbred Trl		i		
		San Antonio, TX 78253				
	Principal occu Realtor	pation / Job title (See Instructions)	Employer (See In: Self	structions)		
	Date	Full name of contributor 🔲 out-or-state PAC (ID#)	Amount of	In-kind contribution	
	3/16/2005	Mr Arlester Graham		contribution (\$) 50.00	description (if applicable)	
		Contributor address; City; State; Zip Code				
		602 SW 39th St				
		San Antonio, TX 78237				
	Principal occur Retired Mili	pation / Job title (See Instructions)	Employer(See In:	structions)		
	Date	· .		Amount of	In-kind contribution	
		Full name of contributor out-or-state PAC (ID#	/	contribution (\$)	description (if applicable)	
	3/16/2005	Mr Robert d Gaylor		35.00		
		Contributor address; City; State; Zip Code		i		
		4114 Antlers Lodge Rd San Antonio, TX 78251		!		
	Principal occur	pation / Job title (See Instructions)	Employer(See In:	structions)		
	Retired Mili			,		
	Date	Full name of contributor 🔲 out-of-state PAC (ID#)	Amount of contribution (\$)	in-kind contribution description (if applicable)	
	3/16/2005	Mr Patrick Romo		35.00	Securition (il applicable)	
		Contributor address; City; State; Zip Code				
		14122 Churchill Estates Blvd, Apt/Suite: 10	03A			
		San Antonio, TX 78248				
	Principal occup Appraisal M	pation / Job title (See Instructions) Manager	Employer (See In: State of Texas			
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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The Instruction Guice explains how to complete this form. 1 Total pages Schedule A: 8 of 14 2 FILER NAME Mr Lawrence G Romo 4 Date							
Mr Lawrence G Romo 4 Date S Full name of contributor out of state PAC (IDF 37.000 35.		The Instruction	N GUIDE explains how to complete this form.			dule A:	
Detail Detail S Full name of contributor Details PAC (IDR S) Salato S Solation	2	FILER NAME			3 ACCOUNT# (Eth	ics Commission filers)	
3/16/2005 Mr. Jim Eskin 6 Contributor address: City: State: Ztp Code 10410 Pelican Oak Dr San Antonio, TX 78254 9 Principal occupation / Jab title (See Instructions) Vice President Institutional Advancement Date 3/17/2005 Mr. Robert Wilson Contributor address: City: State: Ztp Code 115 E. Travis St. Apt/Suite: 618 San Antonio, TX 78254 Principal occupation / Jab title (See Instructions) Attorney Date 115 E. Travis St. Apt/Suite: 618 San Antonio, TX 78254 Principal occupation / Jab title (See Instructions) Attorney Date 11 Towers Park Lane, Apt/Suite: 813 San Antonio, TX 78209 Principal occupation / Job title (See Instructions) Retired Military Date 3/17/2005 Mr. Gonzolo Pozo Contributors Contributors Contributors Principal occupation / Job title (See Instructions) Retired Military Date 3/17/2005 Mr. Gonzolo Pozo Contributor address: City: State: Ztp Code 3/17/2005 Mr. Gonzolo Pozo Contributors Contributor		Mr Lawrenc	e G Romo				
3/16/2005 Mr. Jim Eskin 6 Contributor address; City; State; Ztp Code 10410 Pelican Oak Dr. San Antonio, TX 78254 9 Principal occupation / Job title (See instructions) Vice President Institutional Advancement Date 3/17/2005 Full name of contributor Contributor address; City; State; Ztp Code 115 E. Travis St. Apt/Suite: 618 San Antonio, TX 78254 Principal occupation / Job title (See instructions) Attorney Date 115 E. Travis St. Apt/Suite: 618 San Antonio, TX 78254 Principal occupation / Job title (See instructions) Attorney Attorney Arount of contribution (3 a) 3/17/2005 Mr. Belisario Flores Contributor address; City; State; Ztp Code 1. Towers Park Lane, Apt/Suite: 813 San Antonio, TX 78209 Principal occupation / Job title (See Instructions) Retired Military Date 3/17/2005 Mr. Gonzolo Pozo Contributor oddress; City; State; Ztp Code 3/17/2005 Mr. Gonzolo Pozo Contributor oddress; City; State; Ztp Code 3/17/2005 Mr. Gonzolo Pozo Contributor oddress; City; State; Ztp Code 3/17/2005 Mr. Gonzolo Pozo Contributor oddress; City; State; Ztp Code 3/17/2005 Mr. Gonzolo Pozo Contributor oddress; City; State; Ztp Code 3/17/2005 Mr. Gonzolo Pozo Contributor oddress; City; State; Ztp Code 3/17/2005 Mr. Gonzolo Pozo Contributor oddress; City; State; Ztp Code 3/17/2005 Mr. Gonzolo Pozo Contributor oddress; City; State; Ztp Code 3/17/2005 Mr. Les Hobgood Contributor oddress; City; State; Ztp Code 4/14 Putting Green Sun Antonio, TX 78217 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Business Owner Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution Contribution (3) Contribution (4) Contribution (5) Contribution (6) Contribution (7) Contribution (8) Contribution	4	Date	5 Full name of contributor out-of-state PAC (ID#)			
10410 Pelican Oak Dr San Antonio, TX 78254 Principal occupation / Job title (See instructions) Vice President Institutional Advancement Dete Full name of contributor out-of-state PAC (IDF State) Amount of contribution (%) description (if applicable) Afficially Amount of contributor out-of-state PAC (IDF State) Amount of contribution (%) description (if applicable) Principal occupation / Job title (See instructions) Attorney Gale, Wilson and Sanchez Employer (See instructions) Attorney Gale, Wilson and Sanchez Employer (See instructions) Attorney Gale, Wilson and Sanchez Employer (See instructions) Amount of contributor out-of-state PAC (IDF State) 3/17/2005 Mr Belisario Flores Gale, Wilson and Sanchez 1 Towers Park Lane, Apt/Suite: 813 San Antonio, TX 78209 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Military Date Full name of contributor out-of-state PAC (IDF State) Amount of contribution (S) 3/17/2005 Mr Gonzolo Pozo Amount of contributor out-of-state PAC (IDF State) Amount of contribution (S) 3/17/2005 Mr Gonzolo Pozo Amount of contributor Out-of-state PAC (IDF State) Amount of contribution (S) 3/17/2005 Mr Gonzolo Pozo Amount of contribution (S) Amount of contribution (S) 40.00 Contributor address; City: State; Zip Code Amount of contribution (S) Amount of contribution (S) 3/19/2005 Mr Les Hobgood Ontributor Out-of-state PAC (IDF State) Amount of contribution (S) Contributor (Fappicable) 2/19/2005 Mr Les Hobgood Ontributor Out-of-state PAC (IDF State) Amount of contribution (S) Contributor (Fappicable) 2/19/2005 Mr Les Hobgood Ontributor Out-of-state PAC (IDF State) Contributor (S) Ontributor (S) Ontrib		3/16/2005	Mr Jim Eskin				
San Antonio, TX 78254 Principal occupation / Job Ittle (See Instructions) Vice President Institutional Advancement Date 3/17/2005 Mr Robert Wilson Contributor address; City: State: Zip Code 115 E. Travis St. Apt/Suite: 618 San Antonio, TX 78254 Principal occupation / Job Ittle (See Instructions) Attorney Date Belisario Flores Contributor address; City: State: Zip Code 1 Towers Park Lane, Apt/Suite: 813 San Antonio, TX 78209 Principal occupation / Job Ittle (See Instructions) Retired Military Date Belisario Flores Contributor address; City: State: Zip Code 1 Towers Park Lane, Apt/Suite: 813 San Antonio, TX 78209 Principal occupation / Job Ittle (See Instructions) Retired Military Date Belisario Flores Contributor address; City: State: Zip Code 3/17/2005 Mr Genzole Pozo Contributor address; City: State: Zip Code 3/17/2005 Mr Gonzole Pozo Contributor address; City: State: Zip Code Belis Full name of contributor Bet or state PAC (IDE Amount of contributor contributor contribution of contributor contribu			6 Contributor address; City; State; Zip Code				
Diete Full name of contribution Guel of state PAC (IDE Amount of contribution (If applicable)							
Solution	9					y	
3/17/2005 Mr Robert Wilson Contributor address: City: State: Zip Code 115 E. Travis St, Apt/Suite: 618 San Antonio, TX 78254 Principal occupation / Job title (See Instructions) Attorney Date Sylvaria State: Date Sylvaria Sylv		Date	Full name of contributor 🔲 out-of-state PAC (ID#)			
Title Travis St, Apt/Suite: 618 San Antonio, TX 78254		3/17/2005	Mr Robert Wilson			doosiptor (i applicable)	
San Antonio, TX 78254			Contributor address; City; State; Zip Code				
San Antonio, TX 78254			115 E. Travis St, Apt/Suite: 618		į		
Attorney Gale, Wilson and Sanchez Full name of contributor		Dringles Lossy	·	Employer/Cools	etnietlenes		
3/17/2005 Mr Belisario Flores Contributor address; City; State; Zlp Code 1 Towers Park Lane, Apt/Suite: 813 San Antonio, TX 78209 Principal occupation / Job title (See Instructions) Retired Military Date 3/17/2005 Mr Gonzolo Pozo Contributor address; City; State; Zlp Code 3810 Broadway San Antonio, TX 78209 Principal occupation / Job title (See Instructions) Business Owner Date 3/19/2005 Mr Les Hobgood Contributor address; City; State; Zlp Code 4/14 Putting Green San Antonio, TX 78217 Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution description (if applicable) Amount or contribution (S) 4/0.00 In-kind contribution description (if applicable) In-kind contribution (S) In-kind contribution (S) In-kind contribution description (if applicable) In-kind contribution (S) In-kind co			pation/ 500 title (See Instructions)				
3/17/2005 Mr Belisario Flores Contributor address; City; State; Zip Code 1 Towers Park Lane, Apt/Suite: 813 San Antonio, TX 78209 Principal occupation / Job title (See Instructions) Retired Military Date 3/17/2005 Mr Gonzolo Pozo Contributor address; City; State; Zip Code 3810 Broadway San Antonio, TX 78209 Principal occupation / Job title (See Instructions) Business Owner Date 3/19/2005 Mr Les Hobgood Contributor address; City; State; Zip Code 3/19/2005 Mr Les Hobgood Contributor address; City; State; Zip Code 4/14 Putting Green San Antonio, TX 78217 Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution description (if applicable) In-kind contribution of contribution (fin applicable) In-kind contribution description (if applicable) In-kind contribution of contribution of contribution of contribution of description (if applicable) Employer (See Instructions)		Date	Full name of contributor 🔲 out-of-state PAC (ID#)			
1 Towers Park Lane, Apt/Suite: 813 San Antonio, TX 78209 Principal occupation / Job title (See Instructions) Retired Military Date Full name of contributor out-of-state PAC (ID# Ontribution (S) Amount of contribution (S) description (if applicable) Mr Gonzolo Pozo Au.00 In-kind contribution (S) description (if applicable) Principal occupation / Job title (See Instructions) Business Owner Picante Grill Date Full name of contributor out-of-state PAC (ID# Ontribution (S) Amount of contribution (S) In-kind contribution (S) Ontribution (S) Ontributio		3/17/2005	Mr Belisario Flores		5.7	севсприон (паррисавіе)	
San Antonio, TX 78209 Principal occupation / Job title (See Instructions) Retired Military Date 3/17/2005 Mr Gonzolo Pozo Contributor address; City; State; Zip Code 3810 Broadway San Antonio, TX 78209 Principal occupation / Job title (See Instructions) Business Owner Date 3/19/2005 Full name of contributor Contributor address; City; State; Zip Code Amount of contribution (\$) description (\$) adescription (\$) adescription (\$) and of the contribution (\$) and of th			Contributor address; City; State; Zip Code				
Retired Military Date Full name of contributor out-of-state PAC (ID#.) Amount of contribution (\$\frac{1}{3}\) 40.00			1 Towers Park Lane, Apt/Suite: 813 San Antonio, TX 78209				
3/17/2005 Mr Gonzolo Pozo Contributor address; City; State; Zlp Code 3810 Broadway San Antonio, TX 78209 Principal occupation / Job title (See Instructions) Business Owner Date 3/19/2005 Mr Les Hobgood Contributor address; City; State; Zlp Code 4414 Putting Green San Antonio, TX 78217 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (If applicable) In-kind contribution description (If applicable)				Employer (See In:	structions)		
3/17/2005 Mr Gonzolo Pozo Contributor address; City; State; Zip Code 3810 Broadway San Antonio, TX 78209 Principal occupation / Job title (See Instructions) Business Owner Date 3/19/2005 Mr Les Hobgood Contributor address; City; State; Zip Code 4414 Putting Green San Antonio, TX 78217 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) In-kind contribution description (if applicable)		Date	Full name of contributor 🔲 out-of-state PAC (ID#)			
3810 Broadway San Antonio, TX 78209 Principal occupation / Job title (See Instructions) Business Owner Date 3/19/2005 Full name of contributor Mr Les Hobgood Contributor address; City; State; Zlp Code 4414 Putting Green San Antonio, TX 78217 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 100.00 In-kind contribution description (if applicable)		3/17/2005	Mr Gonzolo Pozo		4 - 7	чезсприон (паррисавіе)	
San Antonio, TX 78209 Principal occupation / Job title (See Instructions) Business Owner Date 3/19/2005 Mr Les Hobgood Contributor address; City; State; Zip Code 4414 Putting Green San Antonio, TX 78217 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) in-kind contribution description (if applicable) In-kind contribution (\$) description (if applicable) Employer (See Instructions)			Contributor address; City; State; ZIp Code				
Principal occupation / Job title (See Instructions) Business Owner Employer (See Instructions) Picante Grill Date Substitutions Full name of contributor out-or-state PAC (ID#			3810 Broadway San Antonio, TX 78209				
3/19/2005 Mr Les Hobgood Contributor address; City; State; Zip Code 4414 Putting Green San Antonio, TX 78217 Principal occupation / Job title (See Instructions) Contributor (ff applicable) description (if applicable) description (if applicable) Employer (See Instructions)			pation / Job title (See Instructions)		structions)		
3/19/2005 Mr Les Hobgood Contributor address; City; State; Zip Code 4414 Putting Green San Antonio, TX 78217 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Date	Full name of contributor out-of-state PAC (ID#:)			
4414 Putting Green San Antonio, TX 78217 Principal occupation / Job title (See Instructions) Employer (See Instructions)		3/19/2005	Mr Les Hobgood			description (frapplicable)	
San Antonio, TX 78217 Principal occupation / Job title (See Instructions) Employer (See Instructions)			Contributor address; City; State; Zip Code				
San Antonio, TX 78217 Principal occupation / Job title (See Instructions) Employer (See Instructions)			4414 Putting Green				
			San Antonio, TX 78217				
Retired Military		Principal occup Retired Mili		Employer (See In:	structions)		

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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	The Instruction	GUIDE explains how to complete this form.		1 Total pages Sche 9 of 14	dule A:	
2	FILER NAME			3 ACCOUNT# (Eth	nics Commission filers)	
	Mr Lawrenc	e G Romo				
4	Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution	
	3/21/2005	Mr Robert Carlson		50.00	description (if applicable)	
		6 Contributor address; City; State; Zlp Code				
		8486 N. New Braunfels, Apt/Suite: B San Antonio, TX 78209				
9	Principal occuj Banker	pation / Job title (See Instructions)	10 Employer (See In: Broadway Bai			
	Date 3/21/2005	Full name of contributor out-of-state PAC (ID# Mrs Birgit Romo Contributor address; City; State; Zip Code 2906 Wood Knoll		Amount of contribution (\$) 30.00	In-kind contribution description (if applicable)	
		San Antonio, TX 78251				
	Data Analys	pation / Job title (See Instructions) St	Employer (See In: San Antonio L			
	Date	Full name of contributor ☑ out-of-state PAC (ID#)	Amount of	in-kind contribution	
	3/22/2005	Mrs Roseanna Pederzani		contribution (\$) 50.00	description (if applicable)	
		Contributor address; City; State; Zip Code 27 Circlewood Dr Coventry, RI 02816				
	Principal occup Navigator	pation / Job title (See Instructions)	Employer (See In: RI Air Nationa			
	Date 3/23/2005	Full name of contributor out-of-state PAC (ID# Mr John Gillis Contributor address; City; State; Zlp Code 803 S. Medina San Antonio, TX 78207		Amount of contribution (\$) 200.00	In-kind contribution description (if appilicable) Fundraiser Beverages	
	Principal occup Business O	pation / Job title (See Instructions)	Employer (See In: GLI Distributo			
	Date	Full name of contributorout-of-state PAC (ID#	1	Amount of	In-kind contribution	
	3/23/2005	Mr John F Nellermoe Contributor address; City; State; Zip Code		contribution (\$) 35.00	description (if applicable)	
		112 E. Lullwood San Antonio, TX 78212				
	Principal occup Teacher	pation / Job title (See Instructions)	Employer(See In:	structions)		

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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	The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche 10 of 14	dule A:	
2	FILER NAME			3 ACCOUNT# (Eth	ics Commission filers)	
	Mr Lawrence	e G Romo				
4	Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	3/23/2005	Mr Ben Buecker		300.00	чезоприон (паррисавіе)	
		6 Contributor address; City; State; Zlp Code				
		310 S. St Marys St, Apt/Suite: 2201 San Antonio, TX 78205				
9	Principal occup Attorney	pation / Job title (See Instructions)	10 Employer (See In Self	structions)		
	Date	Full name of contributor ☐ out-of-state PAC (ID#)	Amount of	In-kind contribution	
	3/23/2005	Edgewood Residents For A Better Future		contribution (\$) 200.00	description (if applicable)	
		Contributor address; City; State; Zip Code				
		1914 Woodseer				
		San Antonio, TX 78248				
	Principal occur PAC	pation / Job title (See Instructions)	Employer(See In:	structions)		
	Date	Full name of contributor 🔲 out-of-state PAC (ID#)	Amount of contribution (\$)	in-kind contribution description (if applicable)	
	3/23/2005	Mrs Valerie Grace		70.00	чевсприон (паррисавіе)	
		Contributor address; City; State; Zip Code				
		118 E. Hollywood San Antonio, TX 78212				
	Retired Mili	pation / Job title (See Instructions) tary	Employer(See In:	structions)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	in-kind contribution description (if applicable)	
	3/23/2005	Mr Rudi Rodriguez		100.00	descriptor (i applicable)	
		Contributor address; City; State; Zip Code				
		6202 Mondean San Antonio, TX 78240				
	Principal occup CEO	pation / Job title (See Instructions)	Employer (See In: EPI	structions)		
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	in-kind contribution description (if applicable)	
	3/23/2005	Mr Morris Spector		100.00	чезоприон (паррисавіе)	
		Contributor address; City; State; Zip Code				
		PO Box 15273 San Antonio, TX 78212				
	_ '	pation / Job title (See Instructions)	Employer(See In:	structions)		
	Doctor					

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A

	The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche 11 of 14	dule A:
2	FILER NAME			3 ACCOUNT# (Eth	ics Commission filers)
	Mr Lawrence	e G Romo			
4	Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	3/24/2005	Mrs Nancy Gilbertson		70.00	честрион (паррисавіе)
		6 Contributor address; City; State; Zip Code			
		207 Co sout all Tal			
		307 Snowbell Trl San Antonio, TX 78256			
9	Principal occup Teacher	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
	Date	Full name of contributor 🔲 out-of-state PAC (ID#)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	3/24/2005	Mr John Bitner Jr		50.00	чезсприон (парричарне)
		Contributor address; City; State; Zip Code			
		3450 Dove Park Lane			
		San Antonio, TX 78253			
	Principal occur Civil Servic	pation / Job title (See Instructions) e	Employer(See In: DSCA	structions)	
	Date	Full name of contributor 🔲 out-of-state PAC (ID#)	Amount of	In-kind contribution
	3/24/2005	Mr Jesse Rodriguez		contribution (\$) 50.00	description (if applicable)
		Contributor address; City; State; Zip Code			
		755 Dorby			
		755 Darby San Antonio, TX 78207			
	Principal occup Business C	pation / Job title (See Instructions)	Employer (See In: Sterling Secur		
	Date	Full name of contributor out-of-state PAC (ID#	Sterling Secul	Amount of	In-kind contribution
			/	contribution (\$)	description (if applicable)
	3/24/2005	Mr Clifton W Walker Contributor address; City; State; Zip Code		35.00	
		Contributor address, City, State, Zip Code			
		7326 Brandyridge San Antonio, TX 78250			
	Principal occu	pation / Job title (See Instructions)	Employer(See In:		
	Congressio	nal Staff	Congressman	Henry Cuellar	
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/24/2005	Mr Albert Campos		35.00	
		Contributor address; City; State; Zlp Code			
		PO Box 29073		ĺ	
		San Antonio, TX 78273			
	USAF Rese	pation / Job title (See Instructions) Prves	Employer(See In: Lackland AFB		

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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	The Instruction	GUIDE explains how to complete this form.		1 Total pages Sche 12 of 14	dule A:
2	FILER NAME			3 ACCOUNT# (Eth	ics Commission filers)
	Mr Lawrenc	e G Romo			
4	Date 3/24/2005	Full name of contributor)	7 Amount of contribution (\$) 35.00	8 In-kind contribution description (if applicable)
		6 Contributor address; City; State; Zip Code			
		21320 Forest Waters San Antonio, TX 78266			
9		pation / Job title (See Instructions) tary and Realtor	10 Employer (See In Self	structions)	
	Date 3/24/2005	Full name of contributor out-of-state PAC (ID# Mr Richard Corbett Contributor address; City; State; Zip Code		Amount of contribution (\$) 35.00	In-Kind contribution description (if applicable)
		3530 Wellsprings San Antonio, TX 78230			
	Principal occup Stock Broke	oation / Job title (See instructions) er	Employer(See In: Morgan Stanl		
	Date	Full name of contributor uut-of-state PAC (ID#)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	3/24/2005	Mr Raymond Holmes		20.00	чезоприон (паррисавіе)
		Contributor address; City; State; Zip Code			
		420 E. Commerce San Antonio, TX 78205			
		pation / Job title (See Instructions) tary and Director	Employer (See In: USO	structions)	
	Date 3/24/2005	Full name of contributor □ out-of-state PAC (ID# Ms_Lucy Hall		Amount of contribution (\$) 40.00	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 6503 Buena Vista San Antonio, TX 78237			
	Principal occup Retired	oation / Job title (See Instructions)	Employer(See In:	structions)	
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
	3/24/2005	Mr Sam Williams Jr		contribution (\$) 10.00	description (if applicable)
		Contributor address; City; State; Zip Code			
		5022 Pharis St San Antonio, TX 78237			
	Principal occup Retired Mili	oation / Job title (See instructions) tary	Employer(See In:	structions)	

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Austin, Texas 78711-2070 (512) 463-5800

1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A: 13 of 14
	· = - · · ·
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
Mr Lawrence G Romo	
4 Date 5 Full name of contributor out-of-state PAC (ID#)	7 Amount of 8 In-kind contribution
3/24/2005 Mr Rafael Pena	contribution (\$) description (if applicable)
6 Contributor address; City; State; Zip Code	!
324 Quentin Dr San Antonio, TX 78201	
9 Principal occupation / Job title (See Instructions) 10 Employer (See Ins	structions)
Retired	
Date Full name of contributor 🗖 out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description (if applicable)
3/24/2005 Mr Robert Pelegreen	30.00
Contributor address; City; State; Zip Code	<u> </u>
6503 Amber Oak	i
San Antonio, TX 78249	i
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Military	tructions)
,	. 1
Date Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution (frapplicable)
3/25/2005 Mrs Febe Herrera	25.00
Contributor address; City; State; Zip Code	i
3039 Nancy Carole Way San Antonio, TX 78223	İ
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired	tructions)
Date Full name of contributor ☐ out-of-state PAC (ID#)	Amount of In-kind contribution
3/25/2005 Ironworkers State COPE Fund	contribution (\$) description (if applicable) 500.00
Contributor address; City; State; Zip Code	!
	ļ.
3003 Dawn Drive, Apt/Suite: 104 Georgetown, TX 78628	i
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tructions)
	Amount of In-kind contribution
	contribution (\$) description (if applicable)
3/25/2005 Mr Robert Pelegreen	100.00
Contributor address; City; State; Zip Code	ĺ
6503 Amber Oak San Antonio, TX 78249	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Military	tructions)

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	The Instruction	GUIDE explains how to complete this form.		1 Total pages Schedule A: 14 of 14			
2	FILER NAME			3 ACCOUNT # (Ethics Commission filers)			
	Mr Lawrence	e G Romo					
4	Date	5 Full name of contributor out-or-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	3/25/2005	Mr Ted Terrazas		100.00	честрион (паррисавіе)		
		6 Contributor address; City; State; Zip Code					
		1222 N. Main St, Apt/Suite: 804 San Antonio, TX 78212					
9		pation / Job title (See Instructions) tary and Business Owner	10 Employer (See In: Terra Health	structions)			
	Date	Full name of contributor 🔲 out-or-state PAC (ID#)	Amount of	In-kind contribution		
	3/25/2005	Mr Eddie Montes		contribution (\$) 25.00	description (if applicable)		
	Contributor address; City; State; Zip Code						
		1903 S. Flores					
		San Antonio, TX 78204					
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)					
	Date	Full name of contributor uut-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution		
	3/28/2005	Charles A Gonzalez Congressional Camp	paign	description (if applicable)			
		Contributor address; City; State; Zip Code					
		PO Box 12612 San Antonio, TX 78212					
	Principal occu Congressm	oation / Job title (See Instructions) an	Employer (See Instructions) United States Federal Government				
	Date	Full name of contributor out-or-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution		
	3/28/2005	Mr David A Cunningham		50.00	description (if applicable)		
		Contributor address; City; State; Zip Code					
		1926 Simpson Trl					
		San Antonio, TX 78251					
		oation / Job title (See Instructions) tary and Teacher	Employer(See In:	structions)			
	Date	Full name of contributor out-or-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	3/28/2005	2005 Mr Don Moye		20.00	честькоп (парричале)		
		Contributor address; City; State; Zip Code					
		1823 Roan Crossing San Antonio, TX 78259					
		pation / Job title (See Instructions)	Employer(See In:	structions)			
	Retired Mili	tary and Civil Service					

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	PLEDGE	D CONTRIBUTIONS			SCHEDULE B	
	The Instructio	N Guide explains how to complete this form.		1 Total pages Sche 1 of 1	dule B:	
2	FILER NAME	=		3 ACCOUNT# (Eltr	nics Commission fliers)	
_	Mr Lawrence	ee G Romo				
4	TOTA	AL OF UNITEMIZED PLEDGES:	0 0	Φ Φ	\$	
5	Date	6 Full name of pledgor □out-of-state PAC (ID# 7 Pledgor address; City; State; Zip Code)	8 Amount of pledge (\$)	9 In-kind description (if applicable)	
10	Principal occup	sation / Job title (See Instructions)	11 Employer (See Ins	structions)		
	Date	Full name of pledgor out-of-state PAC (ID# Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)	
ı	Principal occup	vation / Job title (See Instructions)	Employer (See Instructions)			
	Date	Full name of pledgorout-of-state PAC (ID# Pledgor address; City; State; Zip Code)	Amount of pledge (\$)	In-kind description (if applicable)	
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of pledgor out-of-state PAC (ID#: Pledgor address; City; State; Zip Code)	Amount of pledge (\$)	In-kind description (if applicable)	
ı	Principal occup	vation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of pledgor out-or-state PAC (ID#: Pledgor address; City; State; Zip Code)	Amount of pledge (\$)	In-kind description (if applicable)	
ı	Principal occup	vation / Job title (See Instructions)	Employer (See Ins	structions)		
		ATTACH ADDITIONAL COPIES	OF THIS FORM	AS NEEDED		

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Principal Occupation Employer

Zip Code

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

State:

Guarantor address; City;

4€ ∣

not applicable

	POLITION	CAL EXPENDITURES			SCHEDU	JLE F
	The Instruction	N GUIDE explains how to complete this form.		1 Total pages	s Schedule F:	
2	FILER NAME				# (Ethics Commission fi	lers)
4	Date Date	5 Payee name			7 Amou	nt
	1/2/2005	The Home Depot 6 Payee address; City; State; Zip Code				115.65
		611 SW Loop 410 San Antonio, TX 78227				
8	required.)	ment (See instructions regarding type of information rews, Washers for Campaign Signs	9 •• Complete if di Candidate / Officeholder n		to benefit C/OH •• Office sought	Office held
Г	Date	Payee name			Amou	
	1/5/2005	Ideas Unlimited Payee address; City; State; Zip Code			(3)	1092.28
		5213 Bandera Rd San Antonio, TX 78238				
	required.)	ment (See instructions regarding type of information Literature and Signs	•• Complete if dir Candidate / Officeholder r		to benefit C/OH •• Office sought	Office held
	Date	Payee name			Amou	
	1/12/2005	Ideas Unlimited Payee address; City; State; Zip Code			(\$):	827.97
		5213 Bandera Rd San Antonio, TX 78238				
	Purpose of pay required.) Campaign	ment (See instructions regarding type of information Signs	•• Complete if di Candidate / Officeholder r		to benefit C/OH •• Office sought	Office held
Г	Date	Payee name			Amou (\$)	
	1/15/2005	The San Antonio Post Payee address; City; State; Zip Code			(9)	150.00
		PO Box 14463 San Antonio, TX 78214				
	Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n		to benefit C/OH ••	Office held
		Weebsite Design and Rental	Canudate / Officeholder r	ате	Office sought	Omice held
		ATTACH ADDITIONAL CODIE	S OF THIS FORM AS N	EEDED		

	POLITICAL EXPENDITURES		SCHEDULE F
	The Instruction Guide explains how to complete this form.	1 Total pages 2 of 5	Schedule F:
2	FILER NAME Mr Lawrence G Romo		# (Ethics Commission filers)
4	Date 5 Payee name 1/15/2005 Happy Guy Chinese Cuisine 6 Payee address; City; State; Zip Code 8373 Culebra Rd, Apt/Suite: 205 San Antonio, TX 78251		7 Amount (\$)286.50
8	Purpose of payment (See instructions regarding type of information required.) Campaign Announcement Snacks		to benefit C/OH •• Office sought Office held
	Date Payee name 1/25/2005 Holy Family Special Events Payee address; City; State; Zip Code 142 Florencia San Antonio, TX 78228		Amount (\$)120.00
	Purpose of payment (See instructions regarding type of information required.) Senior Citizens Valentine Day Dance ** Complete if Candidate / Officeholder		to benefit C/OH •• Office sought Office held
	Date Payee name 1/25/2005 Mailing Consultants Payee address; City, State; Zip Code PO Box 34454 San Antonio, TX 78202-		Amount (\$)1589.00
	Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder Campaign Mailer Processing and Postage Cost		to benefit C/OH •• Office sought Office held
	Date Payee name 1/31/2005 Mr Michael Wright Payee address; City; State; Zip Code 12200 IH10W, Apt/Suite: 1505 San Antonio, TX 78230		Arnount (\$)500.00
	Purpose of payment (See instructions regarding type of information required.) Campaign Consultant Services ** Complete if candidate / Officeholder		to benefit C/OH •• Office sought Office held
	ATTACH ADDITIONAL CODIES OF THIS FORM AS I	UEEDED	

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	POLITICAL EXPENDITURES		SCHEDULE F
	The Instruction Guide explains how to complete this form.	1 Total pages	s Schedule F:
2	FILER NAME Mr Lawrence G Romo		# (Ethics Commission filers)
4	Date 5 Payee name		7 Amount (\$)274.55
	2/19/2005 Ideas Unlimited 6 Payee address; City; State; Zip Code 5213 Bandera Rd San Antonio, TX 78238		MAZI II.GO
8	Purpose of payment (See instructions regarding type of information required.) Campaign T-Shirts 9 ** Complete if Candidate / Officeholde		to benefit C/OH •• Office sought Office held
Г	Date Payee name		Amount (\$)150.00
	3/1/2005 The San Antonio Post Payee address; City; State; Zip Code		
	PO Box 14463 San Antonio, TX 78214		
	Purpose of payment (See instructions regarding type of information required.) Campaign Advertisement ** Complete if Candidate / Officeholder		to benefit C/OH •• Office sought Office held
	Date Payee name		Amount (\$)540.00
	3/1/2005 Mr Michael Wright Payee address; City; State; Zip Code		
	12200 IH10W, Apt/Suite: 1505 San Antonio, TX 78230		
	Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder Campaign Consultant Services		to benefit C/OH •• Office sought Office held
	Date Payee name		Amount (\$)111.00
	3/2/2005 United States Postal Service Payee address; City; State; Zip Code 515 Pierce San Antonio, TX 78208		•
	Purpose of payment (See instructions regarding type of information Complete if		to benefit C/OH ••
	Stamps for Campaign Use Candidate / Officeholde	rname	Office sought Office held
	ATTACH ADDITIONAL CODIES OF THIS FORM AS	NEEDED	

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	POLITICAL EXPENDITURES	SCHEDULE F
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F: 4 of 5
2	FILER NAME Mr Lawrence G Romo	3 ACCOUNT # (Ethics Commission filers)
4	Date 5 Payee name 3/3/2005 Ideas Unlimited 6 Payee address; City; State; Zip Code 5213 Bandera Rd San Antonio, TX 78238	7 Amount (\$)278.33
8		•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
	Date Payee name 3/8/2005 Bank of America Payee address; City; State; Zip Code 1422 E. Grayson St San Antonio, TX 78208	Amount (\$)3.62
	Purpose of payment (See instructions regarding type of information required.) Campaign Check Reorder	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
	Date Payee name 3/9/2005 Office Max Payee address; City; State; Zip Code 255 E. Basse Rd , Apt/Suite: 1510 San Antonio, TX 78209	Amount (\$)22.93
	Purpose of payment (See instructions regarding type of information required.) Envelopes and Name Tags	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
	Date Payee name 3/23/2005 Pat OBriens Payee address; City; State; Zip Code 121 Alamo Plaza San Antonio, TX 78205	Amount (\$)931.75
	Purpose of payment (See instructions regarding type of information required.) Fundraiser Food	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL CODIES	OF THIS FORM AS NEEDED

	POLITICAL EXPENDITURES					LE F
Г	The Instruction	N GUIDE explains how to complete this form.		1 Total pages 5 of 5	s Schedule F:	
2	FILER NAME	<u> </u>			# (Ethics Commission file	ers)
	Mr Lawren	ce G Romo				
4	Date	5 Payee name			7 Amour	
	3/25/2005	Ideas Unlimited 6 Payee address; City; State; Zip Code 5213 Bandera Rd San Antonio, TX 78238			(9)1	83.39
8	Purpose of pay required.) Campaign		9 •• Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought	Office held
	Date	Payee name			Amour (\$)7	nt 08.23
	1/24/2005	Ideas Unlimited Payee address; City; State; Zip Code			(47)	00.23
		5213 Bandera Rd San Antonio, TX 78238				
	required.)	ment (See instructions regarding type of information Mailers and Business Cards	•• Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought	Office held
	Date	Payee name			Amoun	t
		Payee address; City; State; Zip Code			(\$)	
	Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought	Office held
	Date	Payee name			Amoun (\$)	t
		Payee address; City; State; Zip Code			(4)	
	Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought	Office held
		ATTACH ADDITIONAL COPIES	OF THIS FORM AS N	EEDED		

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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50:	нь	-1)	 _	

	The Instruction Guide explains how to complete this form.			dule G:		
			1 of 4			
2	FILER NAME		3 ACCOUNT# (Eth	thics Commission filers)		
	Mr Lawrence	e G Romo				
4	Date	5 Payee name		8	Amount	
	1/9/2005	The Home Depot			(\$)23.79	
		6 Payee address; City; State; Zip Code				
		611 SW Loop 410				
		San Antonio, TX 78227				
		7 Purpose of expenditure (See instructions regarding type of information req	uired.)		Reimbursement from political	
		Screws, Washers for Campaign Signs			contributions intended	
				<u> </u>		
	Date 1/12/2005	Payee name The Home Depot			Amount (\$)13.72	
	1/12/2000	Payee address; City; State; Zip Code			-	
		611 SW Loop 410 San Antonio, TX 78227				
		Purpose of expenditure (See instructions regarding type of information req	uired.)		Reimbursement	
		Screws, Washers for Campaign Signs			from political contributions	
					intended	
	Date	Payee name			Amount (\$)40.00	
	1/14/2005	City of San Antonio Payee address; City; State; Zip Code			(\$)10.00	
		rayee address, City, State, Zipcode				
		PO Box 839966				
		San Antonio, TX 78283 Purpose of expenditure (See instructions regarding type of information requ	uirod \	<u> </u>	Reimbursement	
		Campaign Packet	arrea.)	╙	from political contributions	
					intended	
	Date	Payee name			Amount	
	1/15/2005	HEB			(\$)3.20	
		Payee address; City; State; Zip Code				
		9255 Grissom Rd				
		San Antonio, TX 78251 Purpose of expenditure (See instructions regarding type of information req	uirod \		Reimbursement	
		Campaign Press Release Fax to Media	dired.)	╙	from political contributions	
				<u> </u>	intended	
_	Date	Payee name			Amount	
	1/15/2005	Culebra Hardware			(\$)9.26	
		Payee address; City; State; Zip Code				
		5943 Culebra Rd				
		San Antonio, TX 78238				
		Purpose of expenditure (See instructions regarding type of information requestion. Plastic Ties for Campaign Signs	uired.)		Reimbursement from political	
		i iasiic ries ioi Campaign Signs			contributions intended	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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SCI	HE	וח	 F	

	The Instruction Guide explains how to complete this form.			dule G:		
			2 of 4			
2	FILER NAME		3 ACCOUNT # (Eth	thics Commission filers)		
	Mr Lawrence	e G Romo				
4	Date	5 Payee name		8	Amount	
	1/23/2005	Kinkos			(\$)13.10	
	1,20,2000	6 Payee address; City; State; Zip Code				
		o rayee address, Oity, State, 2100000				
		3740 NW Loop 410 San Antonio, TX 78227				
		7 Purpose of expenditure (See instructions regarding type of information req	uired.)		Reimbursement	
		Computer Time to work on Campaign Website		_	from political contributions	
					intended	
	Date	Payee name			Amount	
	1/26/2005	Kinkos			(\$)9.32	
		Payee address; City; State; Zip Code				
		4440 Prooduces				
		4418 Broadway San Antonio, TX 78209				
		Purpose of expenditure (See instructions regarding type of information req	uired.)	l—	Reimbursement	
		Copies for Campaign Use	,		from political contributions	
					intended	
	Date	Payee name			Amount	
	2/6/2005	Home Depot			(\$)42.17	
		Payee address; City; State; Zip Code				
		C44 CW Loop 440				
		611 SW Loop 410 San Antonio, TX 78227				
		Purpose of expenditure (See instructions regarding type of information req	uired.)	1┌──	Reimbursement	
		Screws, Washers, and Wooden Sticks for Campaign Signs		_	from political contributions	
					intended	
	Date	Payee name			Amount	
	2/12/2005	Mrs Nancy Gilbertson			(\$)31.23	
		Payee address; City; State; Zip Code				
		307 Snowbell Trl				
		San Antonio, TX 78256				
		Purpose of expenditure (See instructions regarding type of information req	uired.)		Reimbursement from political	
		Campaign item reimbursement			contributions intended	
				<u></u>	mended	
	Date	Payee name			Amount	
	2/14/2005	Home Depot			(\$)26.41	
		Payee address; City; State; Zip Code				
		611 SW Loop 410				
		San Antonio, TX 78227				
		Purpose of expenditure (See instructions regarding type of information req	uired.)		Reimbursement	
		Wooden Sticks for Campaign Signs			from political contributions	
					intended	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

			 _ /	
SCI	HE	וח	 F	

	The Instruction Guide explains how to complete this form.			dule G:				
	3 of 4							
2	FILER NAME 3 ACCOUNT # (Ett			rics Commission filers)				
	Mr Lawrence G Romo							
4	Date				Amount			
	2/24/2005	United States Postal Service			(\$)25.00			
		6 Payee address; City; State; Zip Code						
		2200 Ctanlay Dd						
		2300 Stanley Rd Fort Sam Houston, TX 78234						
		7 Purpose of expenditure (See instructions regarding type of information req	uired.)		Reimbursement			
		Post Cards for Campaign			from political contributions			
					intended			
	Date	Payee name			Amount (\$)22.50			
	2/25/2005	Rudys BBQ Payee address; City; State; Zip Code			(#)22.50			
		rayee address, City, State, Zipcode						
		10 IH West Boerne Stage Road						
		San Antonio, TX 78256			Reimbursement			
		Purpose of expenditure (See instructions regarding type of information requestions for Campaign Volunteers	uired.)	Ш	from political			
					contributions intended			
	Date Payee name				Amount			
	2/26/2005 Office Depot				(\$)17.51			
		Payee address; City; State; Zip Code						
		5601 Bandera Rd, Apt/Suite: 113						
		San Antonio, TX 78238						
	Purpose of expenditure (See instructions regarding type of information required.) Portfolios, Address Labels and Envelopes			Ш	Reimbursement from political contributions			
		i Oranico, ricarcos Labore ana Enveropes						
	Date	Payee name			Amount			
	3/1/2005	The Greater Chamber of Commerce			(\$)10.00			
		Payee address; City; State; Zip Code						
		602 E. Commerce St						
		San Antonio, TX 78205						
	Purpose of expenditure (See instructions regarding type of information required.) Chamber Mixer Entry Cost for Campaign Consultant				Reimbursement from political contributions			
		Chamber Mixer Entry Cost for Campaign Consultant						
	Date Paves name				Amount			
	Date 3/6/2005							
		Payee address; City; State; Zip Code						
		611 SW Loop 410 San Antonio, TX 78227						
	Purpose of expenditure (See instructions regarding type of information required.)				Reimbursement			
		Screws, Washers for Campaign Signs		_	from political contributions			
					intended			

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1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE G MADE FROM PERSONAL FUNDS Total pages Schedule G: The Instruction Guide explains how to complete this form. 4 of 4 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Mr Lawrence G Romo Date 5 Payee name 8 Amount (\$)23.66 3/13/2005 Lubys 6 Payee address; City; State; Zip Code 500 Castroville Rd San Antonio, TX 78723 7 Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions Campaign Volunteer Beverages intended Date Payee name Amount (\$) s; City; State; Zip Code Payee address; Reimbursement Purpose of expenditure (See instructions regarding type of information required.) from political contributions intended Date Pavee name Amount (\$) City; State; Zip Code Payee address; Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended Date Amount Payee name (\$) City; State; ZipCode Payee address;

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Purpose of expenditure (See instructions regarding type of information required.)

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Payee address;

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Reimbursement from political contributions intended

> Amount (\$)

Reimbursement from political contributions intended

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					SCHEDULE H			
	The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche	edule H:			
2	FILER NAME			3 ACCOUNT# (Ett	hics Commission filers)			
	Mr Lawrenc							
4	Date	5 Business name			7 Amount			
					(\$)			
		6 Businessaddress; City; State; Zip Code						
		business address, Oity, State, 2pocce						
8	Purpose of pay	ment (See instructions regarding type of information	9 Complete	e if direct expenditure	to bonofit C/OUL			
0	required.)	ment (eee manaanen egaran g ype or mierrianen	Candidate / Officeho		Office sought Office held			
_	Date	Business name			Amount			
	Date	Dustriess ratife			(\$)			
		Business address; City; State; Zip Code						
		Busiless address, Oity, State, 2podde						
	Purpose of paya required.)	ment (See instructions regarding type of information		e if direct expenditure				
required.) Candidate / Officeholder name			ider name	Office sought Office held				
	Date	Business name			Amount			
					(\$)			
		Business address; City; State; Zip Code		· · · · · · ·				
	Purpose of pays required.)	ment (See instructions regarding type of information	 Complete Candidate / Officeho 	e if direct expenditure	to benefit C/OH •• Office sought Office held			
	Date	Business name			Amount			
					(\$)			
		Business address; City; State; Zip Code						
Purpose of payment (See instructions regarding type of information required.) • Complete if direct expenditure to benefit C/OH • Candidate / Office holder name Office sought Office held								
Canadase / Officerolder name Office sught Officer					Onice sough. Onice next			
	1							
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCH	ED	111	

	The Instruction	GUIDE explains how to complete this form.	1 Total pages Sche	dule I:				
		Control of the complete and terms	1 of 1					
2			3 ACCOUNT# (Et	hics Commission filers)				
	Mr Lawrence	e G Romo						
4	Date	5 Payee name		8 Amount				
•		•		(\$)				
		6 Payee address; City; State; Zip Code						
		6 Payee address, Oity, State, Zipcode						
		7.5						
		7 Purpose of expenditure (See instructions regarding type of information req	uired.)					
	Date	Payee name		Amount				
				(\$)				
		Payee address; City; State; Zip Code						
		Purpose of expenditure (See instructions regarding type of information req	uired.)					
			,					
	Date	Amount						
			(\$)					
		Payee address; City; State; Zip Code						
		Purpose of expenditure (See instructions regarding type of information required.)						
_				<u> </u>				
	Date	Payee name		Amount (\$)				
		Payee address; City; State; Zip Code						
		. 5,00 000,000, 000,000						
		Purpose of expenditure (See instructions regarding type of information req	uired \					
		Tarpose of experiations (See Institutions regarding type of Information req	arrea. j					
	Date	Payee name		Amount				
				(\$)				
		Payee address; City; State; Zip Code						
		Purpose of expenditure (See instructions regarding type of information req]					

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CREDITS (optional)					sci	HEDULE K	
	The Instruction	Guide explains how to complete this form.	1	Total pag		edule K:	
2	FILER NAME		3			hics Commissi	ion filers)
	Mr Lawrence	e G Romo					
4	Date	5 Payor name				8	Amount (\$)
		6 Payor address; City; State; Zip Code			. .		(4)
		7 Reason for credit					
Г	Date	Payor name					Amount
		Payor address; City; State; Zip Code	• •				(\$)
		Reason for credit					
Г	Date	Payor name					Amount (\$)
		Payor address; City; State; Zip Code	• •				(47
		Reason for credit					
Г	Date	Payor name					Amount (\$)
		Payor address; City; State; Zip Code	• •				(4)
		Reason for credit					
Г	Date	Payor name					Amount
		Payor address; City; State; Zip Code		• • •			(\$)
		Reason for credit					
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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	DEC	IGNATION OF TIMAL REPORT					
	The Instruction Guide explains how to complete this form. Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1	C/OH N	AME	2 ACCOUNT#(Ethics Commission filers)				
	Mr L	awrence G Romo					
3	SIGNA	TURE					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.						
			f Candidate / Officeholder				
4		WHO IS NOT AN OFFICEHOLDER lete A & B below <i>only</i> if you are not an officeholder. ••					
	Α.	CAMPAIGN FUNDS					
	Check	only one:					
		I do not have unexpended contributions or unexpended interest or income earned from politic	al contributions.				
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.						
	В.	ASSETS					
	Check	only one:					
		I do not retain assets purchased with political contributions or interest or other income from po	olitical contributions.				
		I do retain assets purchased with political contributions or interest or other income from politics may not convert assets purchased with political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions in a Election Code, § 254.204.	n political contributions to personal				
		Sign	ature of Candidate				
5		EHOLDER lete this section only if you are an officeholder ••					
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not I am also aware that I will be required to file reports of unexpended contributions if, at the time I contributed with political contributions or interest or other income from political contributions.					
		Signa	ture of Officeholder				